

Case Number:	CM15-0071133		
Date Assigned:	04/21/2015	Date of Injury:	08/30/2012
Decision Date:	05/19/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/14/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Podiatrist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old male, who sustained an industrial injury on August 30, 2012. He has reported left big toe pain. Diagnoses have included left hallux fracture, interphalangeal degenerative joint disease, and gait derangement and gait difficulty. Treatment to date has included medications and imaging studies. A progress note dated March 4, 2015 indicates a chief complaint of left big toe pain. The treating physician documented a plan of care that included surgical intervention for the left big toe.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Arthodesis of Interphalangeal Joint of Left Hallux: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Ankle & Foot - Indications for Surgery, Ankle Fusion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 374.

Decision rationale: On March 4, 2015 this patient was evaluated by his podiatrist with continued complaints of left hallux toe pain. It is noted that the patient has had this pain for quite some time and is status post fracture to this area. MRI results reveal osteoarthritic changes to the first MPJ and I PJ left hallux. First MPJ demonstrates bone spurs. Patient demonstrates popping and cracking sensations when the IPJ of the left hallux is put through its range of motion. He is unable to ambulating a normal heel to toe gait. Diagnoses include status post left IPJ hallux fracture, degenerative joint disease of the IPJ left hallux, and gait derangement and gait difficulty. Recommendation for IPJ fusion left hallux was made. MTUS guidelines pg 374 states that a referral for surgical consultation may be indicated for patients who have: Activity limitation for more than one month without signs of functional improvement, Failure of exercise programs to increase range of motion and strength of the musculature around the ankle and foot, Clear clinical and imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. After careful review of the enclosed medical information and the pertinent MTUS guidelines for this case, it is my feeling that an arthrodesis to the IPJ left hallux is medically reasonable and necessary. There is clear concise clinical imaging of the degenerative joint disease to the IPJ left hallux, causing inability to ambulating comfortably and pain to this joint. Physical exam reveals pain upon range of motion to the IPJ left hallux.